

#### **CUSTODIAL DEATH REPORT**

## **Agency Information**

CDR Number: 21-1371-C

10/14/2021 10:17

Report Date:

**ORIGINAL** Version Type: **VERSION** 

Status: Submitted

#### Agency/Facility Information

Harris County Agency Name:

Sheriff's Dept.

Agency City: Houston

Agency Zip: 77002

Agency Address: 1200 Baker Street

Agency State: TX

#### **Director Information**

Director Salutation: Sheriff Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Jeffery Vickery Reporter Email: jeffery.vickery@sheriff.hctx.net

### **Decedent Information**

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Identity of Deceased	Identity	v of	Dece	ased
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First Name: Kenneth

Middle Name:

Last Name: Anderson

Suffix: Jr

Date of Birth: 12/19/1978 Sex: Male

Race: Black or African American

Age At Time Of Death: 42

#### Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or 10/10/2021 3:30 Incident: AM

#### Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

10/10/2021 7:28 Death Date and Time:

AM

### Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examinor/Coroner Yes, results Evalution?: pending

What was the manner of death? (select only one)

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Manner of Death: Pending autopsy

results Medical Cause of Death: Medical Cause of Death: Pending autopsy results Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction? Medical Treatment: Not Applicable If death was an accident, homicide or suicide, who caused the death? Unknown person(s) Who caused the death?: caused the injury If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply) Type of weapon that caused Not Applicable death?: Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission? Not Applicable; cause of death was Pre existing medical accidental injury, condition?: intoxication, suicide

If death was an accident, homicide or suicide, what was the means of death?

or homicide

Means of Death: Unknown

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# Location / Custody Information

Where did the event causing the death occur?	
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15413 Kuykendahl Street Address:

City: Houston

County: Harris

Zip: 77014

What location category best describes where the event causing the death occurred?

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:

Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to arrest

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:

Entry Date Time N/A:

Where did the death occur?

Death Location: Medical facility

### **General Information**

Did any other law enforcem	nent agencies respond to calls for service related to this incident?
Other Agencies Respond?:	
What were the most serious charged with at the time of	s offense(s) with which the deceased was (or would have been) death?
	Offense 1:
DWI	
Warrants	Offense 2:
warrants	
	Offense 3:
Were the Charges::	Not filed at time of death
What were the types of cha	arges or reason for contact? (Hold CTRL to select all that apply)
Type of Offense:	Alcohol / drug offense
At any time during the incid display or use a weapon?	lent and/or entry into the law enforcement facility, did the decedent
Decedent display/use of weapons:	No
At any time during the incid	lent and/or entry into the law enforcement facility, did the decedent:
Attempt to Injure Others?:	No

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At any time during the incident and/or entry into the law enforcement facility, did the decedent:

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Appear intoxicated (alcohol or Yes Make suicidal statements?: Unknown

drugs):

Exhibit any mental health

Unknown problems?:

Exhibit any medical problems?: Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:

No

Resist being handcuffed or

Yes arrested?:

Physically attempt/assault

No officer(s):

Gain possession of officer's

No weapon:

Verbally threaten other(s)

including law:

Unknown

No

Escape or attempt to

escape/flee custody:

Attempt gain possession officer's weapon:

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Yes, mark which

Under Restraint: restraint devices

were used

Type of restraint

Type of Restraint: Handcuffs

## Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

#### Summary:

On October 10, 2021, Harris County Sheriff's Office deputies responded to a one vehicle major crash. The driver and sole occupant of the vehicle was identified and detained. EMS paramedics arrived and assessed the male, clearing him for transport. The scene was moved off the roadway into a parking lot. The male was moved to another patrol vehicle and placed into the backseat where he refused to allow deputies to close the door. The male continued to use his body to prevent the doors from closing and struggled with deputies. A deputy drive-stunned the male with his Taser to gain compliance. EMS paramedics responded to the use of force incident, assessed the male, and cleared him for transport. Upon arrival at the Harris County Joint Processing Center, deputies observed the male unresponsive and called for EMS. Deputies and jail medical

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staff started CPR and Houston Fire Department paramedics arrived to assume care. Paramedics transported the male to St Joseph Hospital where his care was released to hospital staff at approximately 6:53 a.m. Dr. Afuwape pronounced the male deceased at 7:28 a.m.

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